MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. APPLICANT(\$) FILING DATE

CLAIMS

| 1 | | AS FILED | | AFTER 1"AMENDMENT | | AFTER 2 MAMENDMENT | | | AS FILED | | AFTER 1*AMENDMENT | | AFTER 2 ™ AMENDME | |
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